

**F.W. Buchholz High School
Transcript Request Form**

**\$1.00 Charge for transcript pick-up (CASH ONLY)
\$2.00 Charge to mail transcript (CASH ONLY)**

Student Name _____

DOB _____

Grade _____

Please send my transcript electronically (F.A.S.T.E.R.) State College/Universities:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Broward College | <input type="checkbox"/> Chipola Coll | <input type="checkbox"/> Coll of Ctrl FL | <input type="checkbox"/> Daytona State |
| <input type="checkbox"/> Eastern FL State Coll | <input type="checkbox"/> FL State Coll @ Jax | <input type="checkbox"/> FL Gateway | <input type="checkbox"/> FL International |
| <input type="checkbox"/> FL Keys Comm Coll | <input type="checkbox"/> FL SW State | <input type="checkbox"/> Florida State | <input type="checkbox"/> Gulf Coast State |
| <input type="checkbox"/> Hillsborough Comm | <input type="checkbox"/> Indian River State | <input type="checkbox"/> Lake Sumter State | <input type="checkbox"/> Miami-Dade Coll |
| <input type="checkbox"/> New Coll of FL | <input type="checkbox"/> N FL Comm Coll | <input type="checkbox"/> NW FL State Coll | <input type="checkbox"/> Palm Beach State Coll |
| <input type="checkbox"/> Pasco Hernando | <input type="checkbox"/> Pensacola State Coll | <input type="checkbox"/> Polk State Coll | <input type="checkbox"/> Santa Fe |
| <input type="checkbox"/> S FL State Coll | <input type="checkbox"/> St. Johns River Coll | <input type="checkbox"/> St. Petersburg Coll | <input type="checkbox"/> State Coll of FL Manatee |
| <input type="checkbox"/> Tallahassee Comm | <input type="checkbox"/> Univ of FL | <input type="checkbox"/> Univ of West FL | |

General Applications/Portals:

- | | | |
|-------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Common App | <input type="checkbox"/> NAIA | <input type="checkbox"/> NCAA |
| <input type="checkbox"/> SLATE | <input type="checkbox"/> Sports Recruiters | |

Please send a mailed official transcript to the college, university or entity listed below:

- | | |
|----------------------------|----------------------------|
| 1) _____

_____ | 2) _____

_____ |
| 3) _____

_____ | 4) _____

_____ |

I'm requesting an official or unofficial copy of my transcript to be picked up by myself or my parent:

Official Total _____ Unofficial Total _____

By signing this form, it will represent permission for all requested transcripts to be submitted to the colleges, universities, entities and/or for personal use.

Parent Printed Name

Parent Signature

Student Printed Name (18 and over)

Student Signature

Processed Date

Processed by (Initials)